



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•CTD083338061

INSTALLATION ADDRESS

RACE MANUFACTURING INC  
P O BOX 9217  
FORESTVILLE

CT 06010

61 EAST MAIN STREET  
FORESTVILLE

CT 06010

**REQUEST FOR CHANGE**

**Note:** If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D083338061 Company Name: DABKO IND INC

Date of Request: 3/22/00 Town: FORESTVILLE

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation			
II. Location of Installation			
III. Mailing Address of Installation	P O BOX 9308 FORESTVILLE CT 06010	50 EMMETT ST BRISTOL CT 06010	PER 99 SQG REPORT
IV.a. Installation Contact's Name	JEANNETTE KELLEY	JEANNETTE GIOLA	
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status  Originally notified as: (please circle) CESQG ( <100 kg/month )  SQG (100 - 1000 kg/month)  LQG ( >1000 kg/mth)  Transporter  T/S/D Facility		Change Status to:	

REQUEST FOR CHANGE

EPA ID #: CTD 083338061

COMPANY NAME: DABKO INDUSTRIES, INC.

Date of Request: 7/21/92

TOWN: FORESTVILLE, CT 06010

2/2/93  
JG  
JG

	SECTION/ITEM TO BE CHANGED	<del>NEW</del> VALUE <i>NEW</i>	<del>OLD</del> VALUE <i>OLD</i>	REASON/COMMENTS
I*	Name of Installation		DABKO INDUSTRIES, INC.	
II**	Location of Installation		61 EAST MAIN ST. FORESTVILLE, CT 06010	
III	Installation Mailing Address		P.O. Box 9308 FORESTVILLE, CT 06011-9308	
IV a.	Installation Contact's Name		JEANNETTE KELLEY	
b.	Installation Contact Title		ASSIST. VP	
c.	Installation Contact Phone #		(203)589-0756	
V a.	Ownership & Address		ROBERT DABKOWSKI 61 E. Main St. Forestville, Ct	DATE OF OWNERSHIP CHANGE:
b.	Property Owner & Address		"	DATE OF OWNERSHIP CHANGE:
VI	Status	(Originally notified as:)  SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	Small Generator

\* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

\*\* If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.



10/90

REQUEST FOR CHANGE

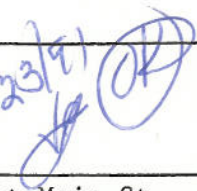
EPA ID #: CTD 083338061

COMPANY NAME: Race Manufacturing Inc.

Date of Request: 5/8/91

Forestville

TOWN: \_\_\_\_\_

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I*	Name of Installation	Race Mfg	Dabko Industries Inc	per letter 5/2/91
II**	Location of Installation		5/23/91 	
III	Installation Mailing Address	P O Box 9217 Forestville Ct 06010	61 East Main St. Forestville Ct 06010	
IV a.	Installation Contact's Name			
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:)  SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	

\* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

\*\* If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.





U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

RACE MFG INC.  
P. O. Box 9217  
PLEASE PLACE LABEL IN THIS SPACE  
61 East Main Street  
Forestville, CT 06010

NOV 23 1985

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55

INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)

5 F 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55

I. NAME OF INSTALLATION

R A C E M A N U F A C T U R I N G I N C

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P.O. Box 9217

CITY OR TOWN

4 F O R E S T V I L L E

ST.

CT

ZIP CODE

06 010

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 6 1 E A S T M A I N S T

CITY OR TOWN

6 F O R E S T V I L L E

ST.

CT

ZIP CODE

06 010

Hartford  
003

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 K E L L O G G C H A R L E S G E N M A N A G E R

2 03 - 582 - 1495

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 R A C E M A N U F A C T U R I N G I N C

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Charles DH Kelly

NAME &amp; OFFICIAL TITLE (type or print)

General Manager

DATE SIGNED

11-21-85